

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID #	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	BZ	897	05-12-01
FORMALITY REVIEW	Zm	927	08/31/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓ 6/6/02
2	✓ 2/6/03
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50	✓ 2/1/04

Claim	Date
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Original	
51	✓ 6/6/02
52	✓ 2/6/03
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Claim	Date
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If more than 150 claims or 10 actions  
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